

California Advancing and Innovating Medi-Cal (CalAIM)

Frequently Asked Questions (FAQ)

Please see the presentation and recording of the webinar on the CalOptima CalAIM page at this [link](#). The Department of Health Care Services (DHCS) changed Target Population to Populations of Focus on April 27, 2021.

Enhanced Care Management (ECM)

1. What are the criteria for ECM?

Please see Appendix I: Enhanced Care Management Target Population Descriptions of DHCS' CalAIM Proposal linked [here](#).

2. The Populations of Focus include OneCare Connect/Medi-Medi for CalAIM. Will members that want to be in ECM/CalAIM need to disenroll from their dual plan similar to the Health Homes Program (HHP)?

OneCare Connect members are not eligible for CalAIM ECM and In Lieu of Services (ILOS).

3. Is CalOptima planning on following the same system developed for HHP in terms of sending out a "finalized engagement list (FEL)" with eligible ECM members to the Health Networks (HN)s?

CalOptima plans to provide the HNs with a list of their members meeting criteria for inclusion in a Population of Focus.

4. Has CalOptima began coordination with Orange County Behavioral Health Services to discuss their role in CalAIM? If so, can you provide an update on the nature of the discussions?

CalOptima recently received clarification from DHCS on inclusion of serious mental illness (SMI) population as a separate and distinct population for 1/1/2022 go live. CalOptima has entered into discussions with Orange County Behavioral Health Services to coordinate required implementation.

5. What are the reassessment timescales for ECM (after the initial six months)? Are there any upper time limits for clients in Whole Child Model (WCM), or can they receive it indefinitely?

CalOptima is planning that reauthorization for ECM will not be more frequently than every six months. Should a member reach their goals and ECM services

are no longer needed — or in the case a member declines further participation — the member may be disenrolled from ECM before the next reassessment date. At this time, no limits have been placed on the length of time that ECM services can be provided for any Population of Focus.

Populations of Focus

6. Do some members fall into more than one Population of Focus?

Yes, members may fall under more than one of Population of Focus. If a member falls under a Population of Focus they will be eligible for ECM and CalOptima will not duplicate ECM, so it would be tailored to that specific member. In terms of ILOS, there may be many combinations of ILOS based on eligibility for each member's ILOS.

7. How is CalOptima defining and identifying all of its members with social needs?

For each Population of Focus, CalOptima will use available data sources, including ICD-10 diagnoses identifying one of the social determinants of health. Some social needs issues are more frequently identified by a provider or community partner working with the member. CalOptima anticipates that referrals will be an important source of this information.

8. How will the Long-Term Care (LTC) group fit in or differ from PACE?

Members identified as eligible within the LTC Population of Focus would share many of the same characteristics as those individuals who are eligible for PACE services. However, the proposed ILOS available through CalAIM may already be provided through the PACE program. In addition, PACE provides on-site daily care coordination, including access to providers, while LTC has defined timeframes for re-assessments.



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- 9. How does CalOptima plan to outreach to those at risk of being homeless.* We have a lot of clients who are limited English proficiency (LEP) and CalOptima members at risk of being homeless due to the pandemic.**

CalOptima's ability to identify members at imminent risk of homelessness will be largely based on information received from an impacted member, family member or from their health care team (provider, hospital, case manager, community-based organization).

- 10. Can you clarify the timing for individuals transitioning from incarceration?**

Although some of the WPC Pilots did include individuals transitioning from incarceration, the population was not included in the WPC Pilot in Orange County. As currently proposed by DHCS, CalOptima will implement ECM for the individuals transitioning from incarceration Population of Focus no sooner than 1/1/2023.

ILOS

- 11. While meals and medically tailored meals (MTM) might not be included in Phase 1 of CalOptima's implementation, do you foresee working with homeless communities to create food service programs — particularly those in transitional housing settings — with your ILOS providers?**

CalOptima is currently working with stakeholders and community partners working with the homeless population, to gather information on community preferred ILOS. This will help CalOptima to prioritize ILOS offerings in the future, including MTM, and help to inform the delivery model for each ILOS.

- 12. Are food programs being incorporated into any elements of CalOptima's Phase 1 focus?**

At this time CalOptima is only pursuing Housing Navigation Transition Services, Housing Deposits, Housing Sustainability and Tenancy Services, and Recuperative Care (Medical Respite) for Phase 1 on January 1, 2021.

- 13. Are there specific providers that all of the HNs will be required to use for ILOS?**

CalOptima is proposing to be financially responsible for the ILOS providers, while the HNs who are proposed to be ECM providers, will be responsible for care management. CalOptima will notify HNs of all contracted ILOS providers and expects HNs to collaborate with CalOptima to coordinate care.

Eligibility and Referrals

- 14. Will CalOptima be defining the criteria in terms of member eligibility for each ILOS, or will that be decided at the HN level?**

CalOptima will provide the eligibility criteria for each ILOS to the HNs, who are responsible for approving and coordinating these services. CalOptima retains responsibility for monitoring and oversight of the HNs.

- 15. Can we refer a member to the CalAIM program if the HN feels CalAIM is appropriate?**

Yes, DHCS and CalOptima are committed to a "no wrong door" approach as it relates to member referrals for ECM and ILOS.

- 16. Under CalAIM, will some or all specialty Medi-Cal mental health services managed by the Orange County Health Care Agency (HCA) be integrated into a single managed care network overseen by CalOptima (e.g., Medi-Cal funded children's outpatient mental health clinics)?**

As currently proposed in the CalAIM proposal, the full integration plan proposal will occur no sooner than 1/1/2027.

- 17. If we were not already contracted with CalOptima for HHP, would we need to submit a letter of interest form for ECM? If so, what are the requirements and deadlines for submission?**

CalOptima is proposing to contract with delegated HNs, similar to CalOptima's HHP model, to become ECM providers. Currently, CalOptima will not be soliciting additional ECM providers.

- 18. Would there be an opportunity for community-based organizations to participate in the ECM and ILOS initiatives?**

CalOptima is interested in hearing from community partners on how they view participation in ECM and ILOS initiatives. However, if the 1/1/2022 start date holds firm, it will be challenging to design and implement a brand-new delivery system in the period of time given by DHCS.

*Definition of homelessness has been updated by DHCS to include "will imminently lose housing in next 14 days."